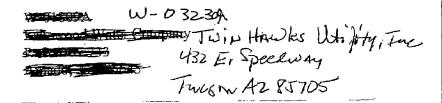
## ARIZONA CORPORATION COMMISSION **UTILITIES DIVISION**

ANNUAL REPORT MAILING LABEL - MAKE CHANGES AS NECESSARY



## **ANNUAL REPORT**

RECEIVED

APR 2 6 2007

AZ CORPORATION COMMISSION DIRECTOR OF UTILITIES

FOR YEAR ENDING

12 31 2005

FOR COMMISSION USE

ANN04

05

## **COMPANY INFORMATION**

Email Address SMATHASMYERS & MSD. LDM  Local Office Mailing Address (Street)  (City) (State) (Zip)  Local Office Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)  Email Address MANAGEMENT INFORMATION  Management Contact: Seren Myers President (Name)  432 EAH Specially Tucsm A2 8576 (Street) (City) (State)  Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)  Email Address SMATHAS Myers (Mare)  432 EAH Specially (Myers (Name))  Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)  On Site Manager: Seren M. Myers  (Street) (City) (State)  (State) (Special Code)  Tolephone No. (Include Area Code) Pager/Cell No. (Include Area Code)  Telephone No. (Include Area Code) Pager/Cell No. (Include Area Code)  Telephone No. (Include Area Code) Pager/Cell No. (Include Area Code)  Telephone No. (Include Area Code) Pager/Cell No. (Include Area Code)  Telephone No. (Include Area Code) Pager/Cell No. (Include Area Code)  Telephone No. (Include Area Code) Pager/Cell No. (Include Area Code)  Telephone No. (Include Area Code) Pager/Cell No. (Include Area Code)  Telephone No. (Include Area Code) Pager/Cell No. (Include Area Code)  Telephone No. (Include Area Code) Pager/Cell No. (Include Area Code)  Telephone No. (Include Area Code) Pager/Cell No. (Include Area Code)  Telephone No. (Include Area Code) Pager/Cell No. (Include Area Code)  Telephone No. (Include Area Code) Pager/Cell No. (Include Area Code)  Telephone No. (Include Area Code) Pager/Cell No. (Include Area Code)  Telephone No. (Include Area Code) Pager/Cell No. (Include Area Code)  Telephone No. (Include Area Code) Pager/Cell No. (Include Area Code)  Telephone No. (Include Area Code) Pager/Cell No. (Include Area Code)  Telephone No. (Include Area Code) Pager/Cell No. (Include Area Code)  Telephone No. (Include Area Code) Pager/Cell No. (Include Area Code)  Telephone No. (Include Area Code) Pager/Cell No. (Include Area Code)  Telephone No	Pager/Cell No. (Include Area Code)  Pager/Cell No. (Include Area Code)  TION  President (Title)  A2	Company Nome (Pusinger Name)			·
Mailing Address 432 E4st Speedway  Tiksm A2 87705  (City) (State) (2ip)  520 624.8512 520 772-OSD/  Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)  Email Address IMATHASMYERS & MSP. COM  Local Office Mailing Address  (City) (State) (2ip)  Local Office Mailing Address  (City) (State) (2ip)  Local Office Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)  Email Address  MANAGEMENT INFORMATION  Management Contact: Terry Myers President  (Name) (Title)  432 E4st Speedway Tiksm A2 8572  (Since) (2ip)  520 U24-8712 520732-0501  Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)  Email Address IMATHASMYERS & MSP. Com  On Site Manager: Terry M. Myers  (Name)  432 EAst Speedway Tiksm A2 85725  (Since) (2ip)  (Since) (2	Pager/Cell No. (Include Area Code)  Pager/Cell No. (Include Area Code)  Pager/Cell No. (Include Area Code)  TION  President (Title)  A2	Company Name (Business Name)	Twin Hawks Utilit	y, Inc	
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Please mark this box if the above address(es) have changed or are updated since the last filing.

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**PIMA** 

YAVAPAI

**NAVAJO** 

SANTA CRUZ

STATEWIDE

₹ PINAL

YUMA

COMPANY NAME TWIN HAWLS Unlity, Inc

## UTILITY PLANT IN SERVICE

Acct. No.	DESCRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
301	Organization	600.		
302	Franchises	170.		
303	Land and Land Rights	[000]		
304	Structures and Improvements			
307	Wells and Springs	19500.		
311	Pumping Equipment			
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes	5500,		
331	Transmission and Distribution Mains	20.221.		
333	Services	108.		
334	Meters and Meter Installations	1000.		
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment			
341	Transportation Equipment			x
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
,	TOTALS	48,074.		

This amount goes on the Balance Sheet Acct. No. 108

## COMPANY NAME Twin Franks Wility Inc

## CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization	600.		
302	Franchises	150.		
303	Land and Land Rights	1000.		
304	Structures and Improvements	19,500.		
307	Wells and Springs	485.8		
311	Pumping Equipment	3 3		
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes	20,244		
331	Transmission and Distribution Mains			
333	Services	100.		
334	Meters and Meter Installations	1000.		
335	Hydrants	1000.		
336	Backflow Prevention Devices			<del></del>
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS	49, 250.		

This amount goes on the Comparative Statement of Income and Expense \_ Acct. No. 403.

## COMPANY NAME TWIN HOWES Willy I'm

## **BALANCE SHEET**

Acct		BALANCE AT BEGINNING OF		NCE AT
.110.	ASSETS	YEAR	1	AR
	CURRENT AND ACCRUED ASSETS			
131	Cash	S	\$	
134	Working Funds			
135	Temporary Cash Investments			
141	Customer Accounts Receivable	,		
146	Notes/Receivables from Associated Companies			
151	Plant Material and Supplies			77,
162	Prepayments			<del></del>
174	Miscellaneous Current and Accrued Assets			
	TOTAL CURRENT AND ACCRUED ASSETS			
		\$	\$	
	FIXED ASSETS			······································
101	Utility Plant in Service	\$	\$	
103	Property Held for Future Use		+*	
105	Construction Work in Progress			
108	Accumulated Depreciation – Utility Plant			
121	Non-Utility Property			
122	Accumulated Depreciation - Non Utility		+	
	TOTAL FIXED ASSETS	\$	\$	
	TOTAL ASSETS	\$	\$	

NOTE: The Assets on this page should be equal to Total Liabilities and Capital on the following page.

## COMPANY NAME TWIN Hawki Wallity, In

## **BALANCE SHEET (CONTINUED)**

Acct. No.		BALANCE AT BEGINNING OF	BALANCE AT
110.	T T L DITT PERFORM	YEAR	END OF
	LIABILITIES	IEAN	YEAR
*·· ··	CURRENT LIABILITES		
231	Accounts Payable	S	\$
232	Notes Payable (Current Portion)		- T
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits		
236	Accrued Taxes		<del></del>
237	Accrued Interest	7.	
241	Miscellaneous Current and Accrued Liabilities		
	TOTAL CURRENT LIABILITIES	\$	\$
	LONG-TERM DEBT (Over 12 Months)		
224	Long-Term Notes and Bonds	\$	\$
	DEFERRED CREDITS		
251	Unamortized Premium on Debt	\$	\$
252	Advances in Aid of Construction		*
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction		
272	Less: Amortization of Contributions		
281	Accumulated Deferred Income Tax		
<u> </u>	TOTAL DEFERRED CREDITS	\$	\$
	TOTAL LIABILITIES		
	TOTAL LIABILITIES	\$	\$
	CAPITAL ACCOUNTS		
201	Common Stock Issued	\$	<u>•</u>
211	Paid in Capital in Excess of Par Value	Ψ	\$
215	Retained Earnings		
218	Proprietary Capital (Sole Props and Partnerships)		
	TOTAL CAPITAL	S	S
			3
	TOTAL LIABILITIES AND CAPITAL		
	CAITAL	\$	\$

COMPANY NAME TWOW Hawks Unity Inc

## COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$	\$
460	Unmetered Water Revenue		
474	Other Water Revenues		
	TOTAL REVENUES	\$	\$
	OPERATING EXPENSES		
601	Salaries and Wages	S	\$
610	Purchased Water		
615	Purchased Power		
618	Chemicals		
620	Repairs and Maintenance		
621	Office Supplies and Expense		
630	Outside Services		
635	Water Testing		
641	Rents		
650	Transportation Expenses		
657	Insurance – General Liability		
659	Insurance - Health and Life		
666	Regulatory Commission Expense - Rate Case		
675	Miscellaneous Expense	· · · · · · · · · · · · · · · · · · ·	
403	Depreciation Expense		
408	Taxes Other Than Income		
408.11	Property Taxes		
409	Income Tax		
	TOTAL OPERATING EXPENSES	\$	\$
	OPERATING INCOME/(LOSS)	\$	\$
			<b>9</b>
110	OTHER INCOME/(EXPENSE)		
419	Interest and Dividend Income	\$	\$
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	TOTAL OTHER INCOME/(EXPENSE)	\$	\$
	NET INCOME/(LOSS)	\$	\$

COMPANY NAME TWIN HAWKS Upility Inc

## SUPPLEMENTAL FINANCIAL DATA Long-Term Debt

	LOAN #1	LOAN #2	LOAN #3	I	OAN #4
Date Issued				_	
Source of Loan					
ACC Decision No.					
Reason for Loan					
Dollar Amount Issued	\$	\$	\$	\$	3
Amount Outstanding	\$	\$	\$	\$	
Date of Maturity					
Interest Rate	%	%	%		%
Current Year Interest	\$	\$	\$	\$	
Current Year Principle	\$	\$	\$	\$	

Meter Deposit Balance at Test Year End	\$
Meter Deposits Refunded During the Test Year	\$

## COMPANY NAME Twip Howks lighty Inc.

## WATER COMPANY PLANT DESCRIPTION

### **WELLS**

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drillet
636404	2 hp	30-81 DOWN	725 est.	***	i	
						<u> </u>
					-	<del> </del>

Arizona Department of Water Resources Identification Number

### OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or (in thousands)	
NONE			

MPS	FIRE	HYDRANTS	
Quantity	Quantity Standard	Quantity Other	
	NONE		
	· ·		
		Quantity Quantity Standard	Quantity Quantity Standard Quantity Other

STORAGE T	ANKS	PRESSUR	E TANKS
Capacity	Quantity	Capacity	Quantity
0,000		500	
			<u> </u>
			İ

COMPANY NAME Twin Hawks Whiting Time

## WATER COMPANY PLANT DESCRIPTION (CONTINUED)

**MAINS** 

Size (in inches)	Material	Length (in feet)
2		
3		
4		
5		
6		
8		
10		
12		

CUSTOMER METERS

O D D X O I I I I I I	
Size (in inches)	Quantity
5/8 X <sup>3</sup> / <sub>4</sub>	10
3/4	
1	
1 1/2	
2	
Comp. 3	
Turbo 3	
Comp. 4	
Tubo 4	
Comp. 6	
Tubo 6	

For the following three items, list the utility owned assets in each category.	Ì
TREATMENT EQUIPMENT:	
	<b> </b>
STRUCTURES:  Well 8146	
OTHER:	

			<del></del>		
COMPANY NAME: ~	TWIN	HAWKS	Mar 14	Tue	

## WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2005

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD	1	PUMPED sands)
JANUARY			(120	Bunus <sub>j</sub> _
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY			<del> </del>	
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				
	TOTAL			

Is the Water Utili	ty located in an ADWR Active Management Area (AMA)?	
(V) Yes	( ) No	
Does the Compan	y have an ADWR Gallons Per Capita Per Day (GPCPD) rec	quirement?
( ) Yes	(V)No	
If yes, provide the	GPCPD amount:	6.
What is the level of the control of	f arsenic for each well on your system mg/\rightarrow_please list each separately.)	,m
Note: If you are fil system.	ing for more than one system, please provide separate data sl	heets for each

Apr 26 07 07:14p

COMPANY NAME [w. N Howles Utility, her	YEAR ENDING 12/31/2005
PROPERTY TAXES	
Amount of actual property taxes paid during Calendar Year 2005 was: \$_	316.72
Attach to this annual report proof (e.g. property tax bills stamped "paid in property tax payments) of any and all property taxes paid during the calend	full" or copies of cancelled checks lar year.
f no property taxes paid, explain why.	

MY COMMISSION EXPIRES\_

SIGNATURE OF NOTARY PUBLIC

26 07 07:14p Christopher W. Hill		520-29 <b>7-</b> 9494	p.15 <b>s</b>
	VERIFICATION	25	
	AND	REA.	
SV	WORN STATEMENT	APR 2 6  AZ CORPORATION O	-/1/-
~ .	Towas	ADA	-/VED
		AZCOL THR 26	200
ERIFICATION COUNTY OF	DF (COUNTY NAME)	DIDE PATO	<007
STATE OF	(Court I Manay	APR 2 6  AZ CORPORATION C  DIRECTOR OF UT	Oliza a
I, THE UNDERSIGNED	NAME (OWNER OR OFFICIAL) TITLE	$U_7$	TLITIESION
OF THE	COMPANY NAME		
			ā
DO SAY THAT THIS ANNUAL U ARIZONA CORPORATION COMM	TILITY PROPERTY TAX	AND SALES TAX R	EPORT TO T
ANGONA CORTORATION COMM	HOOLUN		
	MONTH DAY	YEAR	į
FOR THE YEAR ENDING	12 31	2005	
EXAMINED THE SAME, CORRECT STATEMENT PERIOD COVERED BY	OF BUSINESS AND AFF THIS REPORT IN DE	; THAT I HAVE AME TO BE A CO AIRS OF SAID UTD	CAREFUL MPLETE A LITY FOR T
EXAMINED THE SAME.	AND DECLARE THE S OF BUSINESS AND AFF THIS REPORT IN RE SET FORTH, TO THE	; THAT I HAVE AME TO BE A CO AIRS OF SAID UTD	CAREFUL MPLETE A LITY FOR T
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For this reporting period, provide the following:  Federal Taxable Income Reported Estimated or Actual Federal Tax Liability  State Taxable Income Reported Estimated or Actual State Tax Liability  Amount of Grossed-Up Contributions/Advances:  Amount of Grossed-Up Contributions/Advances  Amount of Grossed-Up Contributions/Advances  Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are Payer or if any gross-up tax refunds have already been made, attach the following information by and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund if Payer, and the date the Utility expects to make or has made the refund to the Payer.  CERTIFICATION  The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reprior year's amnual report. This certification is to be signed by the President or Chief Executive Corporation; the managing general partner, if a partnership; the managing member, if a limit company or the sole proprietor, if a sole proprietorship.  SIGNATURE  DATE  PRINTED NAME	12/31/2005
Federal Taxable Income Reported Estimated or Actual Federal Tax Liability  State Taxable Income Reported Estimated or Actual State Tax Liability  Amount of Grossed-Up Contributions/Advances:  Amount of Grossed-Up Contributions/Advances  Amount of Grossed-Up Contributions/Advances  Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are Payer or if any gross-up tax refunds have already been made, attach the following information by and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund the Payer, and the date the Utility expects to make or has made the refund to the Payer.  CERTIFICATION  The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds report year's annual report. This certification is to be signed by the President or Chief Executive Corporation; the managing general partner, if a partnership; the managing member, if a limit company or the sole proprietor, if a sole proprietorship.  SIGNATURE  DATE	
Estimated or Actual Federal Tax Liability  State Taxable Income Reported Estimated or Actual State Tax Liability  Amount of Grossed-Up Contributions/Advances:  Amount of Grossed-Up Contributions/Advances  Amount of Gross-Up Tax Collected Total Grossed-Up Contributions/Advances  Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are Payer or if any gross-up tax refunds have already been made, attach the following information by and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund if Payer, and the date the Utility expects to make or has made the refund to the Payer.  CERTIFICATION  The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds report year's amual report. This certification is to be signed by the President or Chief Executive Corporation; the managing general partner, if a partnership; the managing member, if a limit company or the sole proprietor, if a sole proprietorship.  SIGNATURE  DATE	
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corporation; the managing general partner, if a partnership; the managing member, if a limit company or the sole proprietor, if a sole proprietorship.  SIGNATURE  DATE	
DATE	
J.M. Myens President	
DUINTED MANCE	
TITLE	

# VERIFICATION AND SWORN STATEMENT Intrastate Revenues Only

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r	A . " 34"	F-45- F-1
£.	AZ CORPORATION COMMIS  DIRECTOR OF UTILITIES	
	OF UTILITIES	S/OA.

VERIFICATION

I, THE UNDERSIGNED

STATE OF

COUNTY OF (COUNTY NAME)

NAME (OWNER OR OFFICIAL) TITLE

OF THE

COMPANY NAME

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

 MONTH
 DAY
 YEAR

 12
 31
 2005

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

#### **SWORN STATEMENT**

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTEASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2005 WAS:

		Arizona Intrastate Gross	Operating Revenues Only (\$)	
		\$		
		(THE AMOUNT IN	POV ABOVE	
		INCLUDES \$		
		IN SALES TAXES I	BILLED, OR COLLEC	TEI
**REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)		SIGNATURE OF OWNER OR OFFICIA	ı,	
SUBSCR	IBED AND SWORN TO BEFORE ME	TELEPHONE NUMBER		
A NOTAR	RY PUBLIC IN AND FOR THE COUNTY OF	COUNTY NAME		
1113	DAY OF	MONTH	.20	
	(SEAL)			
МУ СОММ	ISSION EXPIRES	SIGNATURE OF NOTA	ARY PURCIC	

#### VERIFICATION AND SWORN STATEMENT RESIDENTIAL REVENUE INTRASTATE REVENUES ONLY

APR 2 6 2007

AZ CORPORATION COMMISSION

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)		_
NAME (OWNER OR OFFICIAL)	TITLE	_
COMPANY NAME		_

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH DAY YEAR 12 31 2005

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

#### **SWORN STATEMENT**

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2005 WAS:

RIZONA INTRASTATE GROSS OPERATING REVENUES	(THE AMOUNT IN BOX AT LEFT INCLUDES \$			ED)
RESIDENTIAL REVENUE REPORTED ON THIS INFUSION THIS INFUSION THE SALES TAXES BILLED.	PAGE	SIGNATURE OF OWNER	CR OFFICIAL	
		TELEPHONE NUN	IBER	
SUBSCRIBED AND SWORN TO BEFORE ME		NOTARY PUBLIC NAME		
A NOTARY PUBLIC IN AND FOR THE COUNTY OF		COUNTY NAME		
THIS	YOF	MONTH	.20	
(SEAL)				
MY COMMISSION EXPIRES	Х	Signature of no	TARY PUBLIC	